The Special Attention of Planta is Respectfully Invited to the	Remarks Below, and to List of Diseases on Back of this
Board of Health, Permit No. 985 13 Office of Registre The Physician who attended any person in a last illness, as respect to the Undertaker or other person superintending the burial, with	
requested so to do, under penalty of law.	INED WITHOUT A PROPER CERTIFICATE.
Date of Death,	nov, 8. 1887.
$Full \ \ Name \ \ of \ \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \\ ext{correctly.} & ext{If an Infant} \\ ext{not named, give names} \\ ext{of parents.} \end{array} ight\}$	
Sex, Male or Female, Cross out the word not required in this line.	
Age, 28 Years,	Months, Days
Color, While	
Married, Single, Widow or Widower, Pross out the	vord not)
Occupation John eco	nit
Birthplace, State or country, and how long in the United States	· Biz- V
Duration of Residence in the City of Baltimore,	28 Hars
Place of Death, [Give street and] 506 Fem	- Aya.
Gause of Death, Second (Immediate). Congest	ion of lungs
Duration of Last Sickness, All the above into mation sould be furnished by the hysician	8 Months
Place of Burial, Touden Jark	10111
Date of Burial, March 11	All Minister WI
(Undertaker Walter Junnel	Medical Attendant.
19.170 8:11.	111 1821 111.1: 9

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within orty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and late of death, except in cases of births and deaths of illegitimate children.

[OVER.]

San Maria Control of the Control of			No	98514
The Special Attention of Physicians is Respectfully Invit	ted to the Remarks b	elow, and to Li	st of Diseases on ba	ck of this Certificate.
Bealth Departn				re.
Permit No. 985/ Office of Re	lness is responsible	or the presenta	tion of this Certific	Vard ate, accurately filled out,
to the Undertaker or other person superintending the burequested so to do, under penalty of law. No PERMIT FOR BURIAL CAN	irial, within twenty-fo	nur notVTAR	0 1887	eceased, or sooner, if
CERTIFICA	ATE O	FDI	EXTH.	
Date of Death, March	10th 188	7		
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.	folin	pay	ol	
Sex, Male or remaile, (required in this line.)		• • • • • • • • • • • • • • • • • • • •		/
Age, Thous Years		Months	- /	Days.
Color, Brown			1/	
Married, Single, Widow or Widower, { Cross required.	ss out the words not uired in this line.		V	
Occupation,	- 71		2 - 01	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	4 11.73	idd	een;	
Duration of Residence in the City of I	Dallellion o		**** ********************	
Place of Death, Give Street and Number.	VV. Vac	aac	e R17	
Cause of Death, { First (Primary),	ebilely			
Second (Immediate),				
Duration of Last Sickness,	o w	· · ····	·····	
All the above information should be furnished by the Physicist Place of Burial, Ourself Co.	m			

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address.

M. D.

Date of Burial,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

and date of death.

Bealth Bepartment,

of said deceased, or sooner, i Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and List of Diseases on Back of this Certain

Certificate, accurately filled o

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this co-
Bealth-Department, City of Baltimore.
Permit No. Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within accurately four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Confidence.
CERTIFICATE OF DEATH.
Date of Death, Man 10-1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Der. Male or remale.
Age, 43 Years, Months, Days
Color, W
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Laborer
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} 1807 Little Walsh of
Cause of Death, $\begin{cases} \text{First (Primary)}, & Ontonial Constant of C$
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, New Cathedral cerns
Date of Burial, Mar 11. 1887) A THULLEN IN B

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

Undertaker, masten dancy

Place of Business, 606 Lowersen ddress

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as n be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause death.

[OVER.]

| Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer-
Bealth Department, City of Baltimore.
Permit No. 98377 Office of Registrar of Vital Statistics. Ward 5
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or wher person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, March 9th 187
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sar Male or Female (Cross out the word net)
Det, maje of Pentate, required in this line.
Age, Years, Months, Days.
Color, lesland.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore, Juning life
Place of Death, {Give Street and } 1022 Hage's et
Cause of Death, First (Primary), Syphilis Second (Immediate),
Duration of Last Sickness, During Life All the above information should be furnished by the Physician.
Place of Burial Lamel Comolery
Date of Burial, march 11: 1887. Edwin B. Fenty. M. D.
(Undertaker, madeial Attendant. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

76 Each 84

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back or this s

Board of Health, City of Baltty

Permit No. 985/8 Office of Registrar of Vital Statistics.
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or soone frequested so to do, under penalty of law.
No Permit for Burial Can be Obtained Without a Proper Certificate
CERTIFIC A THE CERTIFICATE
Atte Mine 1 100 7
Date of Death,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 16 Months, — Days
Color, White
Married, Single, Widow or Widower, Cross out the word not \ Kingle
1
Occupation,
Birthplace, State or Country and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore.
Place of Death, Give street and 1525 hew no. No rotoga 80
First, (Primary.)
Cause of Death, Second, (Immediate.) Marabhara
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial Loudon Park
Date of Burial, Mar. 11th 87, Architology N.D.
Undertaker, I Lewis Schaefer office. Medical Attendant.
Place of Business, 316 M. Firemont St Address, 311. M. Chol

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

Section 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the date of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far is the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Cause of Death,

Place of Burial,

Date of Burial,

Undertaker

Place of Business,

Duration of Last Sickness,

Second (Immediate),

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this
Bealth Department, City of Baltimore.
Permit No. 48579 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accorately filled and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.
No Permit for Buriai can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, March 9th 1889
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } F'e Male
Age, 6 Years, Months, 15 Day
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 6 7/5-
Place of Death, (Give Street and) 402 8 harfs se
First (Primary),

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the fall name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The species Accounts of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on Back of this Ca
Health Department, City of Baltimore. Permit No. 98521 Office of Registrar of Vital Statistics. Ward 84
Permit No. 78320 Office of Registrar of Vital Statistics. Ward 8 4
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately illed out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CEDELEI CATE OMORE NO ALL
CERTIFICATE OF BEATH.
Date of Death, March 11. 1884-
Full Name of Deceased, {Write legible and spell correctly. If an Intant not named, give names of parents.
Sex, Mate or Female, {Cross out the word not }
Age, Years, Months, Days
Color, Which -
Married, Single, Willow or Widower, (Cross out the words not) required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, and low if of foreign birth.
Duration of Residence in the City of Baltimore, all left
Place of Death, {Give Street and } /// Ormulty all.
Cause of Death, { First (Primary), Old age - Second (Immediate), Efficiency of Pracies
Duration of Last Sickness, Salar Effective Constitution of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Green Mant
Date of Burial, 12: March 1887 Cholan Pobles W D
(Undertaker, Ho-W. Jenskins Sons
Place of Business, Pork + Sacatoga Fo Address, 4 / Frank Kily
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back of	Min
Permit No. 9852/ The Physician who attended ar to the Undertaker or other person of	Department, Office of Registras	City of	Baltimore.	94
No Permit	FOR BURIAL CAN BE OBTAIN	OF D	ER CERTIFICATE.	a, or sooner,
Full Name of Deceased, \ \text{no}		Dema	ay Cef	4
Color,	Years,	Months	,	Days.
Married, Single, Widow or Occupation,	Widower, {Cross out the words required in this line	not}		
Birth Place, State or country, and I long in the United Sta	tes,}	13 6		
Duration of Residence in t			birthe	
Place of Death, Give Street and Number.			Links	2
$egin{aligned} egin{aligned} egin{aligned\\ egin{aligned} egi$	mediate), Meas	Shere	coho- Jue	mores
Duration of Last Sickness, All the above information should be furn	ished by the Physician.	day	0	
Place of Burial, H Pol	rick Comety	15		
ate of Burial, mas	11 11 1887 4	1	In.	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Undertaker, Lus P Byrne

Place of Business, & 3 Frent

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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(Undertaker, Jos B. Gook

(Place of Business, 1003 A Balhin

The Special Attention of Physicians i	is Respectfully Invited to the Re	emarks below, and to	No List of Diseases on back	of this Certain
Permit No. 98522 The Physician who attended any to the Undertaker or other person surrequested so to do, under penalty of le No Permit	Department, Office of Registrate of person in a last illness, is respectively perintending the burial, within aw. FOR BURIAL CAN BE OBTAIN	City of rof Vital St. onsible for the present twenty-four hours after the without a Property of the present twenty-four hours after without a Property of the present twenty-four hours after without a Property of the present twenty-four hours after the present the presen	Baltimor atistics. War ation of this Certificate, r the death of said dece	e. 18"
	TIFICATE	OF D	EATH.	(
$egin{array}{ll} egin{array}{ll} egi$	rite legibly and spell rectly. If an Infant named, give names parents. It the word not din this line.			ich
Age, 42 Color,	Years,	Months	,	Days
Married, Single, Widow or Occupation,	Widower, {Cross out the words required in this line		V	
Birth Place, State or country, and he long in the United State of foreign birth.		- Georg	-C 2	nd
Duration of Residence in the	he City of Baltimore,	22	years	
Place of Death, {Give Street and }	30990	moure	ifn	
$ause \ of \ Death, egin{cases} ext{First (Primar)} \ ext{Second (Imm)} \end{cases}$	y), Pre	unoue		
uration of Last Sickness, All the above information should be furni	shed by the Physician	Thans &	1 4	
lace of Burial, Louden		0		
ate of Burial March	12 M/884	11 -		

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

M. D.

Medical Attendant.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [OVER.]